PTO/SB/50 (06-03)

Approved for use through 01/31/2004. OMB 0651-0033

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## REISSUE PATENT APPLICATION TRANSMITTAL

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Address to:	Attorney Docket No.		8200.565								
	First Named	Inventor	STAMEY et al.								
Mail Stop Reissue	Original Pate	nt Number	6,565,746 B1								
Commissioner for Patents P.O. Box 1450		nt Issue Date	5/20/2003								
Alexandria, VA 22313-1450	(Month/Day/\ Express Mail	, ca./									
APPLICATION FOR REISSUE OF:											
(Check applicable box) Utility Patent Design Patent Plant Patent											
APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS										
1. Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing,	Statement of status and support for all changes to the claims. See 37 CFR 1.173(c).										
2. Applicant claims small entity status. See 37 CFR 1.27.	11. Original Patent Grant										
3. Specification and Claims in double column copy of pate (amended, if appropriate)	Ribboned Original Patent Grant										
4. Prawing(s) (proposed amendments, if appropriate)	Statement of Loss (PTO/SB/55)  12. Foreign Priority Claim (35 U.S.C. 119) (if applicable)										
5. Reissue Oath/Declaration (original or copy) (37 CFR 1.175) (PTO/SB/51 or 52)											
6. Power of Attorney	Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations										
7. V Original U.S. Patent currently assigned? Ves (If Yes, check applicable box(es))	English Translation of Reissue Oath/Declaration 14. (if applicable)										
Written Consent of all Assignees (PTO/SB/53)	15. Preliminary Amendment										
37 CFR 3.73(b) Statement (PTO/SB/96)	Return Receipt Postcard (MPEP 503)  16. (Should be specifically itemized)										
8. CD-ROM or CD-R in duplicate, Computer Program (Ap or large table	17. Other:										
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)											
a. Computer Readable Form (CFR)											
b. Specification Sequence Listing on: i CD-ROM (2 copies) or CD-R (2 copies); or											
ii paper	•										
c. Statements verifying identity of above copies											
18. CORRESPONDENCE ADDRESS											
Customer Number: 28410		OR	Correspondence address below								
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Address			7:-0-4-								
Country	Stat	e	Zip Code								
Country Telephone Fax											
Name (Print/Type)   Matthew Spavish   Registration No. (Attorney/Agent)   36,286											
Signature Martin Haul		Da	ate 3/18/04								

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PTO/SB/56 (08-03)

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## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional) 8200 565

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** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.															
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Registration Number, if applicable							Typed or printed name								

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